ision		-91-4 91	(BPD)		ATTACHMENT Page 1 OMB NO.: (	
	STATE I	LAN UNDE	R TITLE XIX	OF THE SOCIAL SE	CURITY ACT	
	State: _	Kentucky				
GROUP	s covered	AND AGEN	CIES RESPONS	SIBLE FOR ELIGIBI	LITY DETERMIN	IATION
Agency*	Citation(	s)		Groups Covere	ed.	
The follow		A. <u>Mandat</u>	vered under ory Coverage ed Special (	e - Categorically	y Needy and O	<u>ther</u>
42 CFR	435.110	1. Rec	ipients of A	AFDC		
IV-A		The	approved St	tate AFDC plan i	ncludes:	
		<u>/ X</u> /	mandatory	with an unemploy 6-month period of <u>6</u> months.	yed parent for and an option	r the nal
			Pregnant	women with no of	ther eligible	children.
	-	<u> </u>	in a seco	ldren age 18 who ondary school or vocational or to	in the equiv	alent
		The Sup	standards i	for AFDC payment: f <u>ATTACHMENT 2.6</u>	s are listed <u>-A</u> .	in
42 CFR	435.115	2. Dee	med Recipier	nts of AFDC		
IV-A				denied a title in the same denied a title in the denied amount we		
*Agency th	nat determ	ines eliq	gibility for	coverage.		
TN No.	92-1	Approv	al Date		ective Date	1-1-92
·sedes			NO	V 14 1994		
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' Wision:	HCFA-PM-91- 1991 State:	-4	(BPD) Ken	tucky	ATTACHMENT 2.2-A Page 2 OMB NO.: 0938-	
Agency*	Citation(s)			Groups Cove	ered	
	<u>I</u>	Requir	ed Special	ge - Categorica Groups (Contin	lly Needy and Other ued)	
1902(a)(10 of the Act	0)(A)(i)(I)		Effective a work sup IV-A and a individual household eligible f supplement	October 1, 1990 plementation pr ny child or rel  (or other indi as such individ or AFDC if ther	vidual living in the s uals) who would be e were no work in accordance with	ame
a) (22) the Act		c.	reduced to	s whose AFDC pa zero by reasor ment of AFDC fu	of recovery	
406(h) and 1902(a)(10 (i)(I) of IV-A	O)(A)	d.	AFDC for a because th AFDC as a collection	period of four e family become result of colle of support and	to be receiving calendar months ineligible for ction or increased meets the 06(h) of the Act.	
1902(a) or the Act IV-E	f	e.	who meet t 473(b)(1) assistance care maint		of section	
	nat determine					
TN No.	92-1	Approv	al Date N		ffective Date 1-1-92	
rsedes	5 00 3/		IN	OV 14 1994		

HCFA ID: 7983E

rsedes 1. No. 90-34

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(BPD)

ATTACHMENT 2.2-A

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OMB NO.: 0938-

State: Kentucky

1991

Citation(s) Agency\*

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

407(b), 1902 (a)(10)(A)(i) and 1905(m)(1) of the Act

3. Qualified Family Members (Medicaid Only) See Item A.10, pg 4%. 11-14-94

1902(a)(52) and 1925 of the Act TV-A

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

\*Agency that determines eligibility for coverage.

92-1

Approval Date

Effective Date \_\_1-1-92

ATTACHMENT 2.2-A "ision: HCFA-PM-91-4 (BPD) Page 3 1991 OMB NO.: 0938-Kentuckv State:\_\_\_\_ Groups Covered Agency\* Citation(s) A. Mandatory Coverage - Categorically Needy and Other IV-A Required Special Groups (Continued) 5. Individuals who are ineligible for AFDC solely 42 CFR 435.113 because of eligibility requirements that are specifically prohibited under Medicaid. Included are: a. Families denied AFDC solely because of income and resources deemed to be available from--Stepparents who are not legally liable for (1) support of stepchildren under a State law of general applicability; (2) Grandparents; Legal quardians; and (3) Individual alien sponsors (who are not (4)spouses of the individual or the individual's parent); b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit. c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

TN No. 92-1 Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_\_ Freedes NOV 1 4 1994

... No. 86-7 HCFA ID: 7983E

\*Agency that determines eligibility for coverage.

ision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A 1991 Page 3a OMB NO.: 0938-State: Kentucky Agency\* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 42 CFR 435.114 6. Individuals who would be eligible for AFDC except for IV-A the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). Not applicable with respect to intermediate care facilities; State did or does not cover this service. 1902(a)(10) 7. Qualified Pregnant Women and Children. (A)(i)(III) and 1905(n) of a. A pregnant woman whose pregnancy has been the Act medically verified who--IV-A (1) Would be eligible for an AFDC cash payment if the child had been born and was living with her:

\*Agency that determines eligibility for coverage.

•	'N No. 92-1	Approval Date	Effective Date 1-1-92	_
	rsedes	NOV 14 1994		
Τ'n	No. None	, <u> </u>	HCFA ID: 7983E	

Revision: HCFA-PM-92 -1 (MB) FEBRUARY 1992 ATTACHMENT 2.2-A Page 4

STATE	PT.AN	INDER	ጥ ተጥተ.ድ	YTY	OF	THE	SOCIAL.	SECURITY	ACT
DIVID		UNDER	11116	$\mathbf{A} \perp \mathbf{A}$	OF	TUE	SOCIAL	SECONTIL	MC I

State:	Kentucky	<b>ś</b>
	COVERAGE AND CONDITIONS OF ELIGIBILITY	
Citation(s)	Groups Covered	

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
  - 7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
    - (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
    - b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children born after

(specify optional earlier date)
who are under age 19 and who would be
eligible for an AFDC cash payment on the
basis of the income and resource
requirements of the State's approved
AFDC plan.

1902(a)(10)(A) (i)(III) and 1905(n) of the Act

IV-A

<sup>\*</sup>Agency that determines eligibility for coverage.

Department for Medicaid Services

State: Kentucky

## ATTACHMENT 2.2-A Page 4a

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# COVERAGE AND CONDITIONS OF ELIGIBILITY Groups Covered

Citation(s)

A. Mandatory Coverage - Categorically Needy and other Required Special Groups (Continued)

1902(a)(10)(A) (I)(IV) and 1902(I)(1)(A) and (B) of the Act

1902(a)(10)(A)

1902(1)(1)(C)

1902(a)(10)(A)(I)

(VII) and 1902(1)

(1)(D) of the Act

of the Act

(I)(VI)

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(I)(IV) and 1902 (l)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

- 9. Children:
- a. who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.
- \_x\_ Children born after
  September 30, 1979
  (Specify optional earlier date)
  who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

TN No. <u>98-06</u> Supersedes TN No. <u>92-05</u>

Approval Date 9 9 98

Effective Date 4/1/98

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:		Ken	tuck	:у
	COVERAGE	AND	CONI	DITIONS OF ELIGIBILITY
Citation(s)				Groups Covered
	Α.	Man	dato	ry Coverage - Categorically Needy and Other d Special Groups (Continued)
1902(a)(10) (A)(i)(V) and 1905(m) of the Act IV-A		10.	memi AFDO had 407	ividuals other than qualified pregnant women children under item A.7. above who are bers of a family that would be receiving C under section 407 of the Act if the State not exercised the option under section (b)(2)(B)(i) of the Act to limit the number of ths for which a family may receive AFDC.
1902(e)(5) of the Act  IV-A		11.	a.	A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.
			_	

1902(e)(6) of the Act b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

TN No. 92-5
Supersedes 92-1
Approval Date NOV 14 1994
Effective Date 4-1-92

#### · STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	Kentucky					
		COVERAGE	AND	CONDITIONS	OF	ELIGIBILITY	
Citation(s)					Gr	oups Covered	

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(4) of the Act

IV-A

12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

SSI

X a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged
X Blind
X Disabled

TN No. 92-5
Supersedes 92-1 Approval Date NOV 14 1994
TN No. 4-1-92

vision:	199	`		Page 6a OMB NO.: 0938-
Agency*	Citation(s)	)	Groups Covered	
	Α.	Mandatory Required S	<u> Coverage - Categorically N Special Groups</u> (Continued)	Needy and Other
435.12 1619(b of the	o) (1)	13. 🕏 k	requirements for Medical requirements. (This incompality for benefits under the Act or who meet to SSI status under section Act and who met the State restrictive requirements month before the month to SSI under section 1619 (a requirements under section Act. Medicaid eligibilicing individuals continues as continue to meet the 161 standard or the requirement 1619(b) of the Act.)	id than the SSI cludes persons who der section 1619(a) the requirements for 1619(b)(1) of the se's more for Medicaid in the they qualified for 1) or met the ton 1619(b)(1) of the ty for these s long as they 19(a) eligibility
			Aged Blind Disabled The more restrictive cat criteria are described b	egorical eligibility
*Agency th	at determin	<u>ATTA</u>	ancial criteria are descri CHMENT 2.6-A). .ity for coverage.	bed in
TN No. rsedes		Approval Da	NOV 14 1994 HCFA ID:	7983E